DOCUMENT RESUME

ED 233 553 EC 160 081

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TITLE Relationship of Level of Functioning of Institutionalized Women on a Task Analysis of Personal Care for Menstruation and the Adaptive Behavior Scale.
PUB DATE May 83
NOTE 12p.; Paper presented at the Annual Meeting of the American Association on Mental Deficiency (107th, Dallas, TX, May 29-June 2, 1983).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adaptive Behavior (of Disabled); Adolescents; Adults; Daily Living Skills; *Females; *Self Care Skills; *Severe Mental Retardation; Task Analysis; Test Construction; Young Adults
IDENTIFIERS *Menstruation

ABSTRACT

A 40-item behavior analysis task, the Menstrual Care Scale, was developed and tested with 75 randomly selected institutionalized severely retarded women (13-59 years old). The need for developing personal care skills in menstruation habits had been identified as a priority area for sexuality instruction by staff and confirmed by analysis of residents' levels of independence in the area. Scores on the American Association on Mental Deficiency Adaptive Behavor Scale (ABS) were correlated with scores on the Menstrual Care Scale. Results revealed that relationships with the ABS Part I subscales (personal independence) were highly positive. However, relationships with Part II subscales (maladaptiive behaviors) were not nearly as strong. It was concluded that the Menstrual Care Scale is developmentally based and its task analysis format promotes instruction. (CL)

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ED233553

Relationship of Level of Functioning of Institutionalized Women on a Task Analysis of Personal Care for Menstruation and the Adaptive Behavior Scale*

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*The authors wish to gratefully acknowledge Dr. Milton Wisland, Superintendent, Grafton State School, for his cooperation and support.

EC160081

Paper presented at the Annual Meeting of the American Association on Mental Deficiency, 107th, Dallas, Texas May 29-June 2, 1983

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Since the 1970's there has been an increasing interest in the sexuality of the mentally retarded particularly in regard to deinstitutionalization. As more mentally handicapped persons are moving into community situations, the responsibility for sex education for the retarded within institutional environments must begin with the administrators and direct care staff. Furthermore, this educational process extends to the families of the mentally retarded and groups involved in social adjustments of the disabled to community living (Jacobs, 1978). While sexuality instruction may be a necessary component of a deinstitutionalization program, many staff members of residential facilities still believe that sex should be discouraged among the retarded (Craft and Craft, 1981). Kempton (1977) has urged the need for accepting the mentally handicapped as social sexual individuals rather than suppressing their sexual feelings and behaviors.

Recent laws and litigation have implemented the principles of normalization for the developmentally disabled. On one hand the quality of life of the mentally retarded has been improved with more opportunities for normal living in community settings, but on the other hand some social problems have become apparent. Many mentally handicapped persons have been shifted into community placements before being adequately prepared for the change. Their need for social sexual training prior to entering the community is particularly critical for normalization. Not only is responsible sexual behavior important for community acceptance of the retarded, but also their vulnerability to sexual exploitation has been a concern of Gordon (1971). The mentally disabled cannot

be left unprotected by being naive about sex.

A behavioral approach to sex education was demonstrated by Zylla and Demetral (1981) with three mentally handicapped females (ages 18-30 years, WAIS IQ 50-63). The results of a modified personalized training program were measured by a significant increase in pre- and posttest scores. Effective retention of the sexual information was evidenced in the follow-up data. The sexual rights of the mentally retarded have been affirmed as part of normalization. However, their sexual rights include sexual responsibilities, which need to be developed through a systematic approach to sexuality education. Edmonson (1980) has documented the lack of sexual understanding, but asserts that even the severely retarded can be given knowledge.

One important aspect of sexuality education for retarded females is menstrual hygiene. Amary (1980) has proposed that they begin by learning the proper names of the female sex organs and menstruation by simple explanation or role modeling. Kruetner (1981) pointed out that the majority of moderately to mildly retarded adolescents can be taught to use sanitary napkins and cope with their menstrual flow with the help of audiovisual materials presented in a repetitive approach. Blackwell (1979) further supports this position by advocating a teaching procedure in which each step of a skill is taught separately to the moderately retarded adolescent.

While a variety of sex education materials are available for teaching the mildly and moderately retarded personal care for menstruation, few resources have been developed for severely and profoundly retarded residents of institutions. Of particular interest in this study was the development of a task analysis procedure to assist severely retarded women in becoming more independent in self-help skills of personal care during menstruation. The relationships of level of functioning of the institutionalized women on

the task analysis of personal care for menstruation and the Adaptive Behavior Scale were investigated.

Subjects and Procedures

The subjects were seventy-five randomly selected retarded institutionalized women, who menstruated. The age range was 13 to 59 years with a mean of 31 years.

The task of personal care for menstruation was identified as priority area for sexuality instruction by institutional staff. Initially, a survey of 376 women residents was made to determine the level of independence in personal care during menstruation. The results indicated that of the women who menstruated, their abilities to change their pads were categorized as follows: 89 at the independent level, 22 with verbal prompts, 21 with manual guidance, and 97 completely dependent.

Consequently, the Menstrual Care Scale, a 40 item behavior analysis task was constructed in a stimulus and response format. The performance of the 40 items was scored with the criteria as follows: independent, verbal prompt, physical prompt, unable/unwilling, and not attempted.

The AAMD Adaptive Behavior Scale (ABS) was administered to measure the level of functioning (Nihira, Foster, Shellhaas, and Leland, 1975). The ABS is comprised of two parts. Part One measures development in personal independence for daily living in the following ten behavior domains: independent functioning, physical development, economic activity, language development, numbers and time, domestic activity, vocational activity, self-direction, responsibility, and socialization. Part Two of the ABS measures maladaptive behavior related to personality and behavior disorders for the following: violent and destructive

behavior, antisocial behavior, rebellious behavior, untrustworthy behavior, withdrawal, stereotyped behavior and odd mannerisms, inappropriate interpersonal manners, unacceptable vocal habits, unacceptable or eccentric habits, self-abusive behavior, hyperactive tendencies, sexually aberrant behavior, psychological disturbances and use of medications.

Results and Discussion

Cronbach's coefficient alpha yields .994 showing the items are very homogeneous. Using the measures associated with Guttman scaling procedure (Hull and Nie, 1981), the following results were obtained:

$\lambda_1 = .970$, $\lambda_2 = .995$, $\lambda_3 = .995$, $\lambda_4 = .926$, and $\lambda_5 = .078$; λ_6 was not calculable.

Since $\lambda_2 = \lambda_3 = .995$, this value could be used as the reliability coefficient. In the sense of homogenicity of the items and in terms of Guttman scalability the scale can be considered sufficiently reliable. Also, see Table 1, which shows the means and standard deviations for each item.

Table 2 reports means and standard deviations for Part One of the AAMD Adaptive Behavior Scale (ABS) together with correlations of each subscale with the Menstrual Care Scale. Part One measures developmental scales into ten domains and is designed to evaluate an individual's skills and habits considered important in developing personal independence in daily activities. Correlations of these ten domains with the Menstrual Care Scale show strong positive and significant relationships (9 scales show $p<.001$; with the relationship to economic activity showing $p<.01$). Independent functioning, measuring eating, toilet use, cleanliness, appearance, care of clothing, dressing and undressing, travel and general independent functioning, correlates .771 with the Menstrual Care Scale. The scales that show correlations less

than .600 appear to be more cognitive (Economic Activity, Numbers and Time and Vocational Activity). One skill that would seem to be cognitive yet correlates above .600 with the Menstrual Care Scale is Language Development ($r = .652$). Thus the Menstrual Care Scale seems to be highly related to the various subtests of Part One of the ABS.

Part Two of the ABS measures maladaptive behavior related to personality and behavior disorders. From Table 3, it can be seen that the correlations with the Part Two domains are considerably smaller than for Part One of the ABS, only Stereotyped Behavior and Odd Mannerisms shows significance at .001 level ($r = -.537$); those who score higher on the Menstrual Care Scale are likely to score lower on this subscale. Other subtests showing significant relationships to the Menstrual Care Scale are withdrawal ($r = -.330$, $p<.01$), Unacceptable or Eccentric Habits ($r = -.283$, $p<.01$), Untrustworthy Behavior ($r = .227$, $p<.05$) and Psychological Disturbance ($r = .205$, $p<.05$). Only the latter two scales show significant ($p<.05$) maladaptive behaviors in relation to those who score higher on the Menstrual Care Scale.

Generally then, the Part One subscales show high positive relationships to the Menstrual Care Scale, evidencing the developmental nature of the scale. However, relationships with maladaptive behaviors, though they tend to be negative are not nearly as strong. The application of the Menstrual Care Scale for teaching severely retarded women to become more independent in self-help skills during menstruation appears to have potential value. Not only is the Menstrual Care Scale developmentally based, but also institutional staff may utilize the behavior task analysis as a consistent procedure for teaching personal care skills to severely retarded women.

Table 1
Item Means and Standard Deviations for the Menstrual Care Scales
(N=75)

Item	Mean	Standard Deviation
1	2.506	1.811
2	2.773	1.797
3	2.506	1.891
4	2.306	1.874
5	2.373	1.806
6	2.506	1.848
7	2.600	1.808
8	2.600	1.808
9	2.506	1.848
10	2.466	1.869
11	2.266	1.810
12	2.226	1.805
13	2.186	1.806
14	2.600	1.852
15	2.600	1.852
16	2.520	1.833
17	2.373	1.829
18	2.346	1.743
19	2.466	1.757
20	2.373	1.761
21	2.853	1.706
22	2.986	1.688
23	2.800	1.778
24	2.666	1.734
25	2.666	1.711
26	2.586	1.709
27	2.720	1.736
28	2.440	1.825
29	2.373	1.814
30	2.453	1.869
31	2.573	1.831
32	2.426	1.787
33	2.320	1.756
34	2.346	1.789
35	2.706	1.806
36	2.706	1.814
37	2.626	1.791
38	2.706	1.689
39	2.573	1.620
40	2.706	1.690

Table 2

Means, Standard Deviations for AAMD Adaptive Behavior Scale and (Part 1) Correlations with Total Scores on the Menstrual Care Scale (N=75)
Part 1

ABS Scale Domain	Mean	Standard Deviation	Correlation with Menstrual Care Scale
I. Independent Functioning	61.520	29.250	.771***
II. Physical Development	19.933	4.628	.639***
III. Economic Activity	4.707	10.310	.314**
IV. Language Development	17.333	9.758	.652***
V. Numbers and Time	4.080	5.198	.418***
VI. Domestic Activity	7.480	5.827	.652***
VII. Vocational Activity	2.933	4.186	.338**
VIII. Self-Direction	11.493	6.032	.614***
IX. Responsibility	2.813	2.222	.661***
X. Socialization	13.493	6.747	.604**

***p<.001
**p<.01

Table 3

Means and Standard Deviations for AAMD Adaptive Behavior Scale (Part II) and Correlations with Menstrual Care Scale (N=75)

ABS Scale Domain	Mean	Standard Deviation	Correlation with Menstrual Care Scale
I. Violent and Destructive Behavior	3.787	4.955	-.158
II. Antisocial Behavior	4.560	7.151	.114
III. Rebellious Behavior	4.987	5.401	.059
IV. Untrustworthy Behavior	1.387	2.536	.227*
V. Withdrawal	4.240	4.579	-.330**
VI. Stereotyped Behavior and Odd Mannerisms	1.813	2.654	-.537***
VII. Inappropriate Interpersonal Manners	1.333	2.484	.019
VIII. Unacceptable Vocal Habits	2.067	2.367	-.039
IX. Unacceptable or Eccentric Habits	3.813	4.012	-.283**
X. Self-Abusive Behavior	0.947	1.808	-.097
XI. Hyperactive Tendencies	0.853	1.730	-.031
XII. Sexually Aberrant Behavior	1.600	4.169	-.178
XIII. Psychological Disturbance	6.293	7.090	.205*
XIV. Use of Medications	0.387	0.853	-.179

***p<.001
**p<.01
*p<.05

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